

VASIP Steering Committee Meeting Notes

August 16, 2007

Members Attending in Person: Christy Cacciapaglia, Janet Davis, Margaret Anne Lane, Jim Evans, Bonnie Neighbour, Ann Benner, Kristin Yavorsky, Pat Shank, Marc Goldberg, Rhonda Thissen, Ken Batten, Sterling Deal, Carline Schleifer, Martha Kurgans, Arnold Woodruff, Joe Stallings, Jason Lowe, Sharon Ekleberry, Will Ferriss, Carol Ann Pacer-Ramsey, Missy Barker

Members Participating by Phone: Stephanie Savage

Invited Guests: Missy Barker, Pat Shank, Kristin Yavorsky

Announcements: Ann Benner announced that a WRAP facilitator training is scheduled for October 21-26 in Richmond. Four slots are available and the total cost for the training is \$1,700. Ann has contact information for anyone interested.

Update on Project Activities

- Mellie Randall reminded the Committee that the Transformation Conference is coming up on September 10-12. Scholarships are being offered to consumers and rooms in the hotel reservation block are still available. Recovery Month activities are being planned for the conference as well, in collaboration with SAARA
- Marc Goldberg updated the Committee on activities of the Professional Training and System Development Workgroup, which has created a training plan. The Workgroup has gone into hiatus pending receipt of the data from the Workforce Survey.
- Regarding the Workforce Survey, Jason Lowe reported that it will hopefully be rolling out within the next month.

Discussion Concerning A Definition of Co-Occurring Recovery

The genesis of this discussion was the June 21 Steering Committee meeting, at which the Committee agreed that it should come to an agreement concerning on a definition of “co-occurring recovery”. With the assistance of Laurie Rokutani and the Mid-Atlantic Addiction Technology Transfer Center, Missy Barker was invited to facilitate the discussion. Staff also invited Pat Shank and Kristin Yavorsky of the Office of Mental Health, as well as peer provider Betsy Brown, to attend to bring focus to the mental health recovery issue. (Ms. Brown was unable to attend.)

Missy began the discussion by reviewing with the Committee its initial conversation about developing the definition and engaging in a dialogue about the desired outcome of

today's discussion. The Committee discussed several ideas, including the fact that there needs to be a common usage and ownership of the concept of recovery between both the mental health and substance abuse treatment fields; that there are concerns regarding the limitations that might result from defining, and that recovery should be flexible and individualized. There was also a suggestion that the Committee create a white paper about this subject. In the end, the decision for the day's discussion was to develop a definition that might include the mental retardation/developmental disability perspective as well.

Some phrases that come up when thinking about recovery included:

Chronicity

Absence of _____

Presence of _____

Best possible limits of _____

Recovery as identity (for both MH and SA, for both long term and short term)

Recovered vs. recovering

There was also a discussion about words that come to mind when one thinks about recovery, which Missy recorded on easel paper. Terms/ideas suggested included:

Integration of community

Increased quality of life

Systemic community interventions

Holistic approach – considering how all a person's issues interface

Resumption of life,

"In recovery" and recovered/recovering

Abstinence-based

Chronic, degenerative

Severity

Absence of symptoms

Hope

Illness management vs. wellness

Collaborative,

Skills-based

Labels

Stabilization

Using gifts and interests

How to better your life

Realistic

Constantly working on vs. achieving recovery

Engaging/seducing/marketing

Keep it simple

Benchmarks (concrete)

Choosing to be well/ill/lazy

Moralistic

Value-oriented
Commitment to change
Instillation of hope
Opportunity
True choice
Ability to self-direct course of recovery
Relapse does not equal loss of recovery
Treatment is what is provided as part of assisting a person's recovery effort
Empowerment
The role of helpers
Strengths as opposed to pathology
Empowerment for choice
Enable considering options
Partnership occurs in dialogue
Partner tools and toolbox
Mutual help, peer support, and active role/ partnership

Words that came up consistently throughout the discussion included process, action, individual, hope, choice, strength, illness, pathology, improved, life in community.

Missy then divided the Committee into groups of three to work on a definition of recovery within the individual groups. The resulting definitions included the following:

1. Recovery is an individualized, non-linear, holistic, strengths-based process of self-acknowledgement and realizing and building on one's potential (adaptation of SAMHSA Consensus Statement on MH Recovery).
2. Life is a process of discovery and change through which individuals identify and seek to achieve what they define to be a meaningful recovery. Through this process individuals are able to gain hope, become empowered, and self-directed. It is an experience which is dynamic and changes with time (State of Connecticut, 2002, 2006 and SAMHSA Consensus Statement on MH Recovery).
3. Recovery is the process through which severe substance use and other mental health problems (here defined as those problems meeting DSM-IV criteria) are resolved in tandem with the development of physical, emotional, ontological (spiritual, life meaning), relational, and occupational health (includes internal and external conditions as noted by White and Kurtz, 2005).
4. Recovery is a journey of healing and growth, empowering a person to lead a meaningful life in a community of her or his choice (adaptation of SAMHSA Consensus Statement on MH Recovery).
5. Recovery is a journey of healing and transformation enabling a person to live a meaningful life in a community of their choice while striving to achieve their full potential (adaptation of SAMHSA Consensus Statement on MH Recovery).

6. Recovery is the empowerment of an individual to their fullest potential regardless of their illness.

7. I am not my illness. I am an individual living with an illness, managing my symptoms to the best of my ability today, involved in the community, using my gifts and interests to the best of my ability within the limits of my illness, knowing some days my level of involvement will vary with my symptoms. And that's OK.

Missy posed the question of whether the Committee could reach consensus on if the SAMSHA statement would be a good foundation from which to move forward on creating a definition of co-occurring recovery. After discussing the perils of the term "transformation," it was agreed that Department staff would aggregate the Committee's work and distribute it for feedback. In addition, a conference call will be scheduled for those Committee members who are interested in continuing the discussion.

The Committee's next meeting is scheduled for October 25 at 10 a.m. at the VACSB offices.